## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

| (Column 1) (Column 2)  |  |   |              |   |                  | SMALL ENTITY TYPE   |                        | OR SMALL ENTITY |                     |                        |
|--|--|---|--------------|---|------------------|---------------------|------------------------|-----------------|---------------------|------------------------|
| FC   | R  | NUMBE                                       | NUMBER FILED |   | NUMBER EXTRA     |                     | FEE                    |                 | RATE                | FEE                    |
| ВА   | SIC FEE  |   |              |   |                  |                     | 345.00                 | OR              |                     | 690.00                 |
| то   | TAL CLAIMS                                     |   | minus 20=    |   | •                |                     |                        | OR              | X\$18=              |                        |
| IND  | EPENDENT CL                                    | AIMS  | minus 3 =    |   | • '              |                     |                        | OR              | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |              |   |                  | +130=               |                        | OR              | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |              |   |                  | TOTAL               |                        | OR              | TOTAL               | 1050                   |
| CLAIMS AS AMENDED - PART II  |  |   |              |   |                  | OTHER THAN          |                        |                 |                     |                        |
| 7-38-03 (Column 1) (Column 2) (Column 3)   |  |   |              |   |                  |                     | ENTITY                 | OR .            | SMALL I             | ENTITY                 |
| ENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total  | · 6   | Minus        | Z.O   | =                | X\$ 9=              |                        | OR              | X\$18=              |                        |
| AME  | Independent                                    | • /   | Minus        | <u>3</u>                                      | =                | X39=                |                        | OR              | X78=                |                        |
|  | FIRST PRESE                                    | NTATION OF MI                               | JUITPLE DEP  | ENDENT CLAIM                                  |                  | +130=               |                        | OR              | +260=               |                        |
|  |  |   |              |   |                  | TOTAL<br>ADDIT. FEE |                        | OR              | TOTAL<br>ADDIT, FEE |                        |
| d  | 12104  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |              |   |                  |                     |                        |                 |                     |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | .10   | Minus        | 20  | - Ø              | X\$ 9=              |                        | OR              | X\$18=              |                        |
| 4ME  | Independent                                    | •   | Minus        | 3·  | = 8              | X39=                |                        | OR              | X78=                | ·                      |
| F  | FIRST PRESE                                    | NTATION OF M                                |              | ENDENT CLAIM                                  |                  | +130=               |                        | OR              | +260=               | •                      |
|  |  |   |              |   |                  | TOTAL<br>ADDIT, FEE |                        | OR              | TOTAL<br>ADDIT. FEE |                        |
| 10-1-04 (Column 1) (Column 2) (Column 3)   |  |   |              |   |                  |                     |                        |                 |                     |                        |
| ENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | .10   | Minus        | 20  | = &              | X\$ 9= ·            |                        | OR              | X\$18=              |                        |
| AME  | Independent                                    | • /   | Minus        | ••• 3   | = 8              | X39=                |                        | OR              | X78=                |                        |
| F  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |   |                  | +130=               |                        | OR              | +260=               |                        |
| •• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT SEE  |  |   |              |   |                  |                     |                        |                 | TOTAL<br>ADDIT. FEE |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |   |                  |                     |                        |                 |                     |                        |